

COCHISE COUNTY JAIL MEDICAL

REQUEST FOR HEALTHCARE

Medical care will never be refused to any inmate

I request Healthcare services as follows (check one)

☐ Sick Call    ☐ Dentist    ☐ Prescription Refill  
☐ Mental Health    ☐ Other (specify) \_\_\_\_\_

Date: 10/5/17    Cell Location: \_\_\_\_\_

Inmate/Patient Name: Hills, Kristina    Booking #: 644, 2928

Inmate / Patient Date of Birth: 9.17.76  
Please list any known drug allergies or circle NONE:

Nature of Compliant:

Rash on chest /  
Stomach ?

10/5/17 you will receive a one time dose  
of hydrocortisone cream. The blankets are Synthetic.  
Blanket NOT wool. Heutrowen.

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

Km Hills  
Inmate/Patient's Signature

Date: 10 15 17

Witness Signature & call number \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## COCHISE COUNTY JAIL MEDICAL

### REQUEST FOR HEALTHCARE

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*fuel to MH*

I request Healthcare services as follows (check one)

☐ Sick Call ☐ Dentist ☐ Prescription Refill  
☒ Mental Health ☐ Other (specify) \_\_\_\_\_

Date: 8/31/2017 Cell Location: CB14

Inmate/Patient Name: Hills, Kristina Booking #: \_\_\_\_\_ / \_\_\_\_\_

Inmate / Patient Date of Birth: 9.17.76

Please list any known drug allergies or circle NONE.

I am not sleeping well at all  
Nature of Complaint:

at night with vivid nightmares of gore  
& bloody disturbing nature as well as  
depression & severe anxiety making my  
chest tight & cannot take a deep breathe  
if you need to obtain mental health  
records from my meds in Tucson La Frontera

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

*OR SEABAS  
please  
put n  
back on  
meds  
Asap.*

Kristina Hills Date: 8.31.17  
Inmate/Patient's Signature

Witness Signature & call number \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Plsd I/P - list to see the psychiatrist

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\_\_\_\_\_ Sick Call      \_\_\_\_\_ Dentist      \_\_\_\_\_ Prescription Refill  
\_\_\_\_\_ Mental Health      ~~\_\_\_\_\_~~ Other (specify) \_\_\_\_\_

Date: 8/13/2017 Cell Location: 1614

Inmate/Patient Name: Hj /s, Krishna Booking #: 1

Inmate / Patient Date of Birth: 9/17/76

Please list any known drug allergies or circle NONE:

**Nature of Compliant:**

I am remembering things I should've told you to obtain records from Dr. Tim Lee (Tucson) & Dr. Arlo Brockel (Tucson). And there is a current standing order for bloodwork @ the labcorp in Sierra Vista per <sup>Dr.</sup> Shannon Tiers that I need to donate plasma for. Any request for <sup>Dr.</sup> Shannon

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

Kristen M. Hills Date: 8/31/2017  
Inmate/Patient's Signature

Never had labs drawn, ordered Dec 2016, nor MRI.  
 Last infectious disease consult: 12/20/16 -

Witness Signature & call number

per Records sent by Shannon Thon MD



COCHISE COUNTY JAIL MEDICAL

CB-14

REQUEST FOR HEALTHCARE

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☐ Sick Call    ☐ Dentist    ☐ Prescription Refill  
☐ Mental Health    ☒ Other (specify) \_\_\_\_\_

Date: 9/30/2017 Cell Location: CB 14

Inmate/Patient Name: Kristina Hills Booking #: \_\_\_\_\_

Inmate / Patient Date of Birth: 9.17.76

Please list any known drug allergies or circle NONE:

Severe Pain / Diarrhea / Sciatica

Nature of Complaint:

I am having shooting pain down my right hip & leg into my knee

Very painful. Diarrhea as well

8/31/17 Immodium AD i tab & 400mg of ibuprofen PP

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

Kristina Hills Date: 9/30/17  
Inmate/Patient's Signature

\_\_\_\_\_  
Witness Signature & call number Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Public Programs... Personal Service

## Drug Intoxication Withdrawal Medical Orders

Check numbered boxes for section ordered by provider

I.		<b>Admission Orders – All Detox Patient(s) – (Valid only when signed and dated)</b>
<input checked="" type="checkbox"/>	1	Normal diet (if vomiting, diarrhea, or signs of dehydration, give full liquid diet x 48 hours and inform physician if symptoms persist). Increase oral fluids
	2	Vital signs BID unless otherwise specified by physician and/or until cleared from detox.
<input checked="" type="checkbox"/>	3	Multiple vitamin with folic acid 1 po qd (use prenatal vitamin in stock) x 7 days
	4	<b>Urine Drug Screen prior to beginning protocol. Notify provider of results.</b>
<input checked="" type="checkbox"/>	5	Ibuprofen 600 mg PO BID x 72 hours PRN muscle aches.
<input checked="" type="checkbox"/>	6	Immodium 2mg 1-2 PO BID x 72 hours PRN diarrhea
<input checked="" type="checkbox"/>	7	<del>Bentyl 20 mg PO BID x 72 hours PRN ABD cramping</del>
	8	<del>Phenergan 25 mg PO or IM q 6 hours x 72 hours PRN vomiting.</del>
	9	MOM 60ml/ Colace 100mg/ Biscodyl 5 mg PO BID PRN for constipation x 72 hours
	10	Acetaminophen 500mg PO BID x 72 hours PRN Headache/Muscle aches.
II.		<b>Alcohol Detox Order Only – (Valid only when signed and dated)</b>
	1	Librium 75mg PO BID x 24 hours then, Librium 50 mg PO BID x 48 hours then, Librium 25 mg PO BID x 24 hours then, Librium 25 mg PO QD x 24 hours, then D/C (reassess and call if needed). <b>(hold Librium if asleep or sedated)</b>
	2a	Thiamine 100mg IM qd x 3 days then d/c
	2b	Thiamine 100mg PO qd x 30 days then d/c
III.		<b>Benzodiazepine Detox Order Only – (Valid only when signed and dated)</b>
	1	Ativan 1.0mg po TID x 48 hrs, then, Ativan 0.5mg po TID x 72 hrs, then, Ativan 0.5mg po BID x 72 hrs, then, Ativan 0.5mg po every HS x 48 hrs, then DC
IV.		<b>Cocaine Detox Order Only – (Valid only when signed and dated)</b>
	1	Inderal 10 mg PO BID x 72 hours
V.		<b>Opiate Detox Order Only – (Valid only when signed and dated)</b>
	1	Clonidine 0.1 mg PO TID x 72 hours then, Clonidine 0.5 mg PO TID x 48 hours then, Clonidine 0.5 mg PO BID x 48 hours then, Clonidine 0.25 mg PO BID x 24 hours then D/C Hold if blood pressure <90 systolic (MUST MONITOR BP CAREFULLY PRIOR TO ADMINISTRATION)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

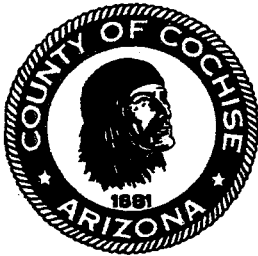
Allergies: \_\_\_\_\_

Provider signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

RN signature noted: \_\_\_\_\_

Date/Time: \_\_\_\_\_



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       Sick Call           Dentist           Prescription Refill  
       Mental Health      X   Other (specify)   treating symptoms @ pill

Date: SUN MORRIS Cell Location: 14

Inmate/Patient Name: Hills Booking #:        /       

Inmate / Patient Date of Birth: 9.17.76  
Please list any known drug allergies or circle NONE:       

Nature of Complaint:

please - at pill call this morning  
I must be treated for diarrhea,  
upset stomach, heartburn, vomiting,  
runny nose & eyes, sneezing, itchy eyes  
& watery sinuses  
on CIWA - medicated  
in protocol    Thank you

By my signature below, I hereby indicate that I understand that I may be charged \$10.00 for Health care services obtained at my request, \$10.00 for each prescription, and a \$1.00 charge for each over-the-counter medication. Those inmates who do not have any money in their account will be seen by the medical staff & a negative balance will be placed on the account. I understand that any charge for these services and/or prescriptions shall be withdrawn automatically from my trust fund account here at the Cochise County Jail. I will not receive a receipt for this withdrawal however; I may review the balance of my trust account as provided by facility procedures. In the event an inmate will not sign, please have an officer sign below in the witness signature spot.

KM Date: 8.27.2017  
Inmate/Patient's Signature

\_\_\_\_\_  
Witness Signature & call number    Date:        /        /

# Medication Verification Form

Name Hills Kristina

Date 8/27/17

DOB/IM # 8 9/17/76

Walgreens  
458 - ~~9698~~  
5638

Medication on person / Verified through pharmacy

10/4/16 - m.s. per pain hydrocodone  
polyeth - stool softener  
loratadine  
omeprazole  
flucanazole nasal spray

7/10/16 Bactrim

L Collins

Medical Staff

Physician Signature



## "Pink Slip"

To:

Date: 8 / 26 / 17

From: **MEDICAL**

I/M Kristina Hills

I/M# \_\_\_\_\_ Date of Birth 9 / 17 / 76

May K.O.P

Bottom Floor Bottom bunk

Start Date: 8 / 26 / 17

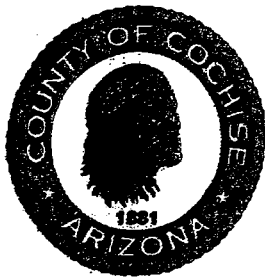
Stop Date:     /    /    

ROS

Than

They claim this  
bottom bunk  
"Chrono"  
still stands from  
8/17





## COCHISE COUNTY JAIL MEDICAL

### PROGRESS NOTES

INMATE NAME Hills, Kristina Marie

DOB: 09/17/1976

DOB \_\_\_\_\_

NN#: 644

Date

Allergies: NKDA

3/27/19 @ 1630. IP demanding to be seen & treated for coughing up blood and requesting CXR results. Informed IP her CXR results was completely normal. IP requesting something like IBU to help her. Informed IP if she's coughing up blood; we can not administer anything & a NSAID; ie IBU, Tylenol, etc. She needs to be evaluated by the provider. IP stated there's specs of blood when she blows her nose and coughs. Again, Informed IP she'll have to wait to see the provider. She walked away and said "Thanks for nothing". *[Signature]*

resulted  
in Aldridge  
issues.

## Kristina Marie

**NN#: 644**

## S NOTES

**DOB**

## Allergies:

At AM med pass I/P double pumped her albuterol. Informed I/P that is not the correct way to administer inhaler. I/P shrugged her shoulders, informed I/P she needs to administer inhaler correctly. I/P threw both arms up in the air and charged @ the med cart & stated "What are you going to do about it." Informed I/P medication can be d/c'd by the provider if she does not take it correctly. I/P asked Officer Aleman for a grievance form. This nurse has been yelled @ several times @ the medication cart by this I/P. -UPB/ash